

POSITION	INITIALS	ID NO.	DATE
	<i>[Signature]</i>		09/18/00
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		8	9-2100
FORMALITY REVIEW	<i>[Signature]</i>	752	10-22-00
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

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If more than 150 claims or 10 actions
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